

118000146943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

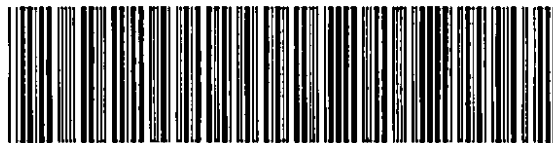
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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18 AUG 20 PM 2:17

AUG 27 2018  
S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2018

DUSTIN HUNT  
FULL SCOPE INSPECTIONS LLC  
4194 S. WINDING OAKS DR  
HOMOSASSA, FL 34446

SUBJECT: FULL SCOPE INSPECTIONS LLC  
Ref. Number: L18000146943

We have received your document for FULL SCOPE INSPECTIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing Page 2 of 3 and Page 3 of 3

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 518A00016258

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Full Scope Inspections LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DUSTIN HUNT  
Name of Person

Full Scope Inspections LLC  
Firm/Company

4194 S. Winding Oaks Dr.  
Address

HOMOSASSA, FL 34446  
City/State and Zip Code

FSInspections@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Hunt at (419) 233-2298  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Full Scope Inspections LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

16  
AUG 20 11 12 17

The Articles of Organization for this Limited Liability Company were filed on 6/14/18 and assigned Florida document number L18000146943.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Dustin Hunt

New Registered Office Address:

4194 S. Winding OAKS DR.

Enter Florida street address

HOMOSASSA

City

Florida

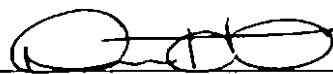
34446

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

60



If Changing Registered Agent, Signature of New Registered Agent

RECORDED

2018 AUG 20 AM 11:19

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DUSTIN HUNT	4194 S. Winding OAKS DR.	<input checked="" type="checkbox"/> Add
		HOMOSASSA, FL 34446	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	UNITED STATES CORP. AGENTS INC.	13302 Winding OAK Ct. A	<input type="checkbox"/> Add
		Tampa, FL 33612	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 15<sup>th</sup> 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

18 AUG 20 11 21